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ABSTRACT

This study sought to identify from the literature the type of preparation nurse practitioners receive and the practices they use in the care of terminally ill patients as well as to determine from a study of five practitioners in rural health clinics in Mississippi their perception of their training, their philosophy, and the strategies they use with the terminally ill. The literature review found acknowledgement of the importance of training for nurses in this area but also that research on the effectiveness of death education has not been conclusive. Five rural Mississippi practitioners answered a questionnaire designed for the study in an interview setting. Three of the five subjects interviewed reported that they were comfortable in working with terminally ill patients. Three of the five also reported that their academic backgrounds prepared them for work with the terminally ill though only one reported taking a course that directly addressed death and dying. All five subjects were able to articulate a philosophy for working with the dying that correlated with nurse practitioner roles. The practitioners reported using the following strategies in work with the dying: counseling, collaboration with other caregivers, referrals, listening, talking, being available, and prescribing appropriate treatments. (Contains 62 references.) (Author/JB)

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NURSE PRACTITIONERS' PERCEPTIONS OF THEIR ACADEMIC PREPARATION, PHILOSOPHY, AND STRATEGIES IN WORKING WITH THE TERMINALLY ILL PATIENT

by

Hazel Lee White

A Research Project

Submitted in partial fulfillment of the requirements for the degree of

Master's of Science in Nursing

University of Southern Mississippi

May 1996

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ABSTRACT

NURSE PRACTITIONERS' PERCEPTIONS OF THEIR ACADEMIC PREPARATION, PHILOSOPHY, AND STRATEGIES IN WORKING WITH THE TERMINALLY ILL PATIENT

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May 1996

Caring for those facing death is not an easy task. Nurses often experience great difficulty in coping with such a responsibility (Hurtig & Stewin, 1990). It would be expected that these nurses may experience emotional, physical, and intellectual repercussions from their work with the terminally ill patient. As a result, care of the terminally ill patient demands special qualities on the part of the physicians, nurses, and the entire health care team. Consequently, it would appear that teaching nurses to face personal death issues would increase their potential to do positive work in helping dying patients (Ross, 1978).

Some registered nurses have expanded their roles of practice by becoming advanced practice nurses. The nurse practitioners represent an important group of advanced practice nurses who are functioning as primary care providers. As a result, the nurse practitioners are faced with the challenges of providing primary care for terminally ill patients. The focus of this research project was on the work

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done by nurse practitioners for their terminally ill patient.

The purpose of this research project was twofold. The first purpose was to identify from the literature the type of educational and clinical preparation the nurse practitioners receive in the care of the terminally ill patients, and the kinds of interventions nurse practitioners use in working with the terminally ill patients. The second purpose of this research project was to determine the nurse practitioners' perception of their training, their philosophy of working with terminally ill, and the strategies that they use in working with the terminally ill patients in rural health clinics located in central, southern, and southwestern Mississippi.

A purposive sample of five nurse practitioners who were in practice in primary health care in central, southern and southwestern Mississippi were identified from known nurse practitioners. A questionnaire designed by the researcher was used to illicit basic demographic information about the participants' educational backgrounds, work experiences, type of patients seen in their clinics, information about their work with terminally ill patients, information about their academic preparation for working with the terminally ill patient and information about their philosophy and strategies used in working with the terminally ill patient.

It was found that 3 of the 5 subjects interviewed were comfortable in working with the terminally ill patients. Also, three of the five subjects reported that their academic backgrounds prepared them for work with the terminally ill patient and all of the subjects were able to articulate a philosophy and their strategies for working with the terminally ill patient.

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CHAPTER I

INTRODUCTION

Caring for those facing death is not an easy task. Nurses often experience great difficulty in coping with such a responsibility (Hurtig & Stewin, 1990). Care of the terminally ill patient demands special qualities on the part of the physicians nurses, and the entire health care team. They must learn to deal with their own fear of death before they can adequately comfort the dying. From the past few decades of observation and research, it has been concluded by those interested in improving the care of the terminally ill that, "until nurses learn to cope with the spectre of death, they will be inclined to put physical and social distance between themselves and the dying" (Hurtig & Stewin, 1990, p. 29). Furthermore, it appears that teaching nurses to face personal death issues increases their potential to do positive work in helping dying patients (Ross, 1978).

In addition to providing educational experiences, working with terminally ill patients requires a change in the nursing model and/or the theoretical framework underlying nursing practice. It requires a change in thinking and caring for patients. Where curative care is to be redefined as comfort care, the nurse's role may be perceived as executive in coordinating the care plan (Conboy-Hill, 1986). This role requires "appropriate training, more professional autonomy, and a more than notional acceptance of responsibility and liability" (Conboy-Hill, 1986, p. 21). This role change can only enhance the image of nursing and can possibly lead to some initial conflicts with the medical profession (Conboy-Hill, 1986). Finally, the role change may ultimately lead to a more expansive use of the nursing process and identification of the nurse role as advocate for patients in their care.

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(Conboy-Hill, 1986).

Benvenutti (1991) reported that it is estimated that one out of three practicing nurses deals with dying patients once a week or more often. Also, some 70% of nurses who provide daily nursing care for dying or terminally ill patients work in hospitals (Benvenutti, 1991). It would be expected that these nurses treating dying patients may experience emotional, physical, and intellectual repercussions. Additionally, it would be expected that families of these patients will also be experiencing these similar repercussions. Hence, it is quite obvious that families and nurses need to be prepared for the care of dying patients. The focus of this education should be on the emotional, physical, and intellectual components of this experience.

Some registered nurses have expanded their roles of practice by becoming advanced practice nurses. This role includes a greater level of accountability and responsibility for decisions made and actions rendered (Hawkins & Thibodeau 1993). These nurses are master's level prepared and have met national certification requirements in their area of specialization. The nurse practitioners represent an important group of advanced practice nurses. These nurses may function as primary care providers. Their activities include "screening, physical and psychosocial assessment, follow-up when deviations from normal are detected, continuity of care, health promotion, problem-centered services related to diagnosis, identification, and mobilization of resources, health education, and client and group advocacy" (Hawkins & Thibodeau, 1993, p. 24).

Statement of the Problem

The purpose of this research project will be two fold. The first purpose will be to identify from the literature: the type of educational and clinical preparation that nurse practitioners receive in the care of the terminally ill patients and the

kinds of interventions nurse practitioners use in working with terminally ill patients. The second purpose of this research project will be to determine the nurse practitioner's perception of their training, their philosophy of working with terminally ill, and the strategies that they used in working with the terminally ill patients in health clinics located in central, southern and southwestern Mississippi.

Significance of the Study

In reviewing the literature, it was apparent that very little has been accomplished in the area of examining the work done by nurse practitioners in helping the terminally ill patient. The terminally ill patient is becoming an important component of health care in this country for several important reasons. First of all, HIV/AIDS is a global epidemic for which there is not yet a cure. Care is the focus for these patients (Wardrop, 1993). The Center for Disease Control (1992) has estimated 40 million people world wide will be infected with HIV by the year 2000, and over a million of these people will be Americans. Additionally, Collins (1994) estimated that by the turn of the century, as many as 126,000 American children may be motherless because of this disease. AIDS "has permeated every aspect of our world--political, social, economic, cultural, and educational--to become part of the fabric of contemporary society" (Walker & Frank, 1995, p. 311). For the nursing profession, this disease presents a special challenge because nurses will not only care for terminal and dying patients but will have to confront the possibility of a greater risk to their own well-being (Benvenutti, 1991). Also, the threat of death is tremendously real for AIDS patients and nurses who work with these patients. These patients are expected to appear in clinics throughout America. They will be in need of primary care and nurse practitioners will be expected to render this care.

Another populaton with which nurses must interact with is the "no code" or "do-not-resuscitate (DNR)" patients (Benvenutti, 1991). Benvenutti (1991) stated that over ten years ago, it was uncommon to find this order written by a physician on a doctor's order sheet in a patient's record. Increasingly, more hospitalized patients are exercising their rights to express living wills. Hence, nurse practitioners are beginning to write these orders which challenges them to address death issues in a different way.

Finally, nurse practitioners must be prepared to address the needs of an aging population, because of the reduction in infant mortality and the biomedical and health care advances that have significantly reduced the number of early deaths. Phillips (1990) reported that the percentage of Americans over age 65 has more than trippled since 1900 (from 4.1 % in 1900 to 12.7 % in 1990). The fastest growing age group in the United States consists of persons over the age of 85 (Phillips, 1990). It was further estimated that by 2050, this group will likely consist of 15 million individuals (Seigel & Taeuber, 1986, cited by Phillips, 1990). Furthermore, the health care services used by the elderly is more than 30% of the total cost of health care in this country (Sundwall, 1988 cited by Phillips, 1990). These statistics represent a tremendous social and health care challenge for this country and for nurse practitioners who must assist in the care of this population that is expected to be facing more chronic and terminal illnesses than a younger population.

The role of the nurse practitioner evolved in the mid 1960's as a response to a decrease number of physicians and a decrease number of physicians entering practice in certain regions of the country. Additionally, certain lower socioeconomic groups in the inner cities and rural areas were most effected by this shortage of physicians. In addition to the above stated challenges, nurse

practitioners have experienced growth in the range of types of care rendered, the types of patients seen, and the increasing acceptance by physicians and the public in general over the years. Hence, an evaluation of the training programs of nurse practitioners and their clinical practices is needed to ensure that nurse practitioners can and are able to meet these challenges. Therefore, the results of this research project may assist nursing educators for nurse practitioner programs in curriculum development. It will contribute to the knowledge about meeting the needs of terminally ill patients and their primary care provider, the nurse practitioner. Additionally, the results of this research project will be beneficial to nurse practitioners in devising realistic and individualized nursing systems for the terminally ill patient.

Theoretical Framework

The focus of this research project was based on Dorothea Orem's self-care model. Orem's model of nursing was first published in 1959 and has been one of the most discussed and utilized theories in nursing (Meleis, 1991). In terms of the terminally ill patient, Orem (1985) wrote: "the aims of health care are to enable individuals with a terminal illness to live as themselves, to understand their illness and how to participate in care, to approach death in their own particular way, and to be with family, friends, and health care workers in an environment of security and trust" (p. 203). Orem (1991) further stated "in situations of terminal illness nurses ideally function with patients and family; paramedical personnel; and priests, ministers, or rabbis to institute and maintain a developmental environmental for patients and all persons involved in their care" (p. 207). Orem (1991) presented the following requirements for the health care of the terminally ill patient:

1. Effective medical management of the terminal illness
2. Active medical treatment as advisable
3. Continuous regulation of presenting sets of symptoms
4. Continous effective meeting of the universal self-care requisites
5. Assistance directed to control of feeling of despair or rejection
6. Assistance to the patient and family to understand the patient's illness and its projected outcome and their roles in care and in preparation for the future
7. Continuing support to patient and family to enable them to sustain themselves and to have a measure of security.
8. Development of care measures to support the patient at the time of death and ensure that family members know what help to secure and how to secure it (p. 207).

Orem (1991) included a discussion of the important characteristics of a professional nurse. Orem (1991) wrote that education and experience in nursing practice help to define what a nurse is able to do and what he or she can be expected to do. Orem (1991) further wrote that experiences of a nurse and the pursuit of continuing education will determine in a large part the degree of expertness attained. Finally, Orem (1991) stated that a nurse's abilities and limitations for designing, providing, and managing nursing care at any time arise from initial education, experience, continuing education, and developed nursing skills.

Professional nurses are involved in making judgments and decisions about themselves and about their patients and the patients' families. Orem (1991) stated that the quality of these judgments and decisions are the results of the nurses' personal commitments and their sense of responsibility in life

situations. As a result, responsible nurses should be able to evaluate their own nursing performance in light of the patient's requirement for care. In the provision of care for the patient, it is expected that the nurse will be responsible for directing the nursing system and those involved in the system. Hence, the attitudes of the nurses can directly affect the care that the client receives.

Perceptions of the nurses' role in respect to terminally ill patients can very well be seen as dependent on what is happening both personally and professionally. These include personal feelings and fears about death and educational and experiential backgrounds in caring for the terminally ill patient. Death initiates changes in individuals by interrupting whatever interactions or activities that are in progress at the moment and provokes responses in those who are present. How nurses encounter situations in respect to dying will influence the attitudes and behavior demonstrated (Quint, 1966). The expanded role and responsibilities of the nurse practitioner may alter the encounters with terminally ill patients and therefore, alter the need for educational experiences. Hence, education and experience may be seen as the keys for successful work with the terminally ill patient.

Research Questions

To meet the objectives of this research project, the following major questions were investigated:

1) How do nurse practitioners perceive their academic preparation for working with terminally ill patients?
2) What is the nurse practitioners' philosophy for working with the terminally ill patient?
3) What strategies do nurse practitioners use in working with the terminally ill patient?

Definition of Terms

To promote understanding and discussion of this research project, the following definitions of terms were presented:

Academic preparation was defined as the college, university or hospital based courses required to complete the baccalaureate degree, the associate degree, the diploma, or the nurse practitioner programs in nursing, as reported by the nurse practitioner in the interview (Appendix A).

Nurse practitioner (NP) was defined as a registered nurse who has completed certification by a national certification board for nurse practitioners and has successfully completed the state requirements for licensing and practice in the state of Mississippi.

Strategies were defined as a series of plans or methods for achieving a specific task as reported by the nurse practitioners.

Terminal illness was defined, as determined by the American Nurses' Association (1987) Standards and Scope of Hospice Nursing Practice, which stated that a terminal illness is an illness condition in which control of symptoms is the focus of care and in which treatments directed toward the cure of disease no longer are appropriate.

Assumptions

The following assumptions were made for this study:

1) Nurse practitioners are able to evaluate their academic preparations accurately,

2) Nurse practitioners are able to determine their needs for additional education and experience,

3) Nurse practitioners are able to evaluate their attitudes toward terminally ill patients accurately, and

4) The nurse practitioner role is different from the registered nurse role and physician role.

Summary

This research project was an exploratory descriptive study designed to determine the nurse practitioners' perception of their training, their philosophy of working with the terminally ill, and the strategies that they used in working with the terminally ill patients. Additionally, the focus of this project was to examine the literature to determine if these advanced practice nurses have been adequately trained to work with terminally ill patients. Orem's self-care model was the theoretical framework for this research project.

CHAPTER II

REVIEW OF RELATED LITERATURE

The focus of the review of related literature was to identify the type of educational and clinical preparation that nurse practitioners receive in the care of the terminally ill patients, and the kinds of interventions nurse practitioners use in working with the terminally ill patients. However, there has been limited research available in the above stated areas. Hence, additional related topics were identified. As a result, the review of the literature was grouped into five subdivisions for review and discussions. The subdivisions were:

1) The effects of health professionals' attitudes towards terminally ill patients,
2) Nurses' concerns and responses to dying patients,
3) Need for death education for nurses,
4) Physicians' and medical students' concerns and responses to dying patients, and
5) Nurse practitioners' perception and attitudes toward the terminally ill.

The Effects of Health Professionals' Attitudes Towards Terminally Ill Patients

A refocusing of medical care takes place when an illness is judged to be beyond cure (Kirschling & Pierce, 1982). This refocus involves directing primary care away from acute medical settings and towards nursing homes, long-term care hospitals, and hospice programs (Athlin, Furaker, Jansson, & Norger, 1993. Kirschling & Pierce, 1982). This refocus of medical care has challenged health care professionals to identify terminally ill patients' needs to evaluate the measures used to meet their needs and those used to manage their physical

and psycnosocial care. Additionally, health care workers have been challenged to deal with their own perceptions, feelings, attitudes, and philosophy in working with terminally ill patients.

Studies which examined fear of death in relationship to the professions of medicine and nursing indicated that fear of death may seriously affect nurses' and physicians' interaction with terminally ill patients (Ross, 1978). For example, Conboy-Hill (1986) wrote that the literature, mostly American literature, suggested that health care personnel withdraw socially from dying patients, often delegating responsibility to others and diffusing it across a large number of staff. Consequently, the terminally ill patient often experiences isolation from the hospital and sometimes from one's family. As a result, many professionals over the years have recognized this as a serious problem that needs to be addressed through further research and education. Hence, the social isolation of terminally ill patients has become a prominent theme of the growing body of literature focusing on dying and death (Stoller, 1980).

Several possibilities for this isolation were suggested in the literature. Hopping (1977) and Conboy-Hill (1986) wrote that dealing with the dying patient poses a major problem to many nurses because they feel ill-equipped by their education and society to deal with issues related to the dying patients. Another explanation of significance was discussed by Brockopp, King, and Hamilton (1991). They concluded that the nurses' interaction with the dying patient is thought to be influenced by death anxiety, attitudes toward death, and perception of control. In addition to these explanations, several writers have suggested that the fear of personal death stands in the way of the professional's ability to deal adequately with the dying patient (Kuber-Ross, 1969; Quint, 1973).

Additionally, Verwoerdt and Wilson (1967) wrote that it is often difficult for the nurse to know how to respond to the patient because the nurse usually lacks first-hand information about what the doctor has told the patient about his/her condition. As a result, the nurse tries to infer the information from the patient's behavior. And, even if the nurse knows a patient is dying, it is unlikely that the nurse will tell the patient about the true prognosis (Shusterman, 1973). For example, Quint (1965) stated that the barriers to verbal interaction between nurses and patients increased as the extent of cancer increased.

Finally, the literature revealed additional explanations for this isolation. Conboy-Hill (1986) stated that it has been shown that doctors are more afraid of death than other people and they think less about it. Conboy-Hill (1986) also stated that death is something of a taboo subject for many individuals and people often avoid talking about death. Hence, people use euphemisms when forced to talk about death. Conboy-Hill (1986) offered a final explanation for this isolation experienced by patients. She wrote that death represents something of a failure of medical and nursing skills and is, therefore, to be avoided at all costs. Hence, strategies adopted may involve either withdrawal from the patient or alternatively, massive heroic interventions may be implemented (Conboy-Hill, 1986).

Nurses' Concerns and Responses to Dying Patients

The challenges associated with providing care to terminally ill patients are more demanding personally and professionally to nurses than virtually any other situation they may encounter in their practice of nursing. The nurses' perceptions about caring for a dying patient could be a potentially important variable in the quality of care a terminally ill patients receives. For example, Kastenbaum and Aisenberg (1972) asked 200 nurses in a geriatric facility how

they responded to patients' statements related to death. These researchers identified five general categories of nurses' responses: reassurance, denial, changing the subject, fatalism, and discussion. Only 18% of the respondent indicated that they would enter into discussion of death with their patients.

In another study, Folta (1965) examined the nurses' attitudes toward death. Three measures were utilized: a) a perceived dimension measure (semantic differential), b) an anxiety (Guttman) scale, and c) a sacred-secular (Guttman) scale. Three hospitals, each representing a different value orientation were selected as sites for the research. These hospitals were matched for certain characteristics such as salary, work load, and the like, in order to minimize the effects of these variables. The entire group of nursing service personnel constituted the population for the study. In all, 426 members of the nursing service staff responded to the questionnaires. They constituted the full staff from all three work shifts, except for those in psychiatry and outpatient services. The data showed that death was perceived with a high degree of anxiety. Yet, death was viewed as a peaceful, controlled, predictable, and common phenomenon: death was most frequently seen as a natural termination of the life process. The researcher attributed these somewhat contradictory findings to the fact that the majority of the group studied had a secular orientation which defines death as a natural process, amenable to control by man, as opposed to a sacred orientation which defines death as a supernaturally ordained event.

Also, Ross (1978) investigated the premise that a professional's awareness of concerns about one's own death is helpful in the treatment of dying patients by using a fantasy of the subject's own life and death in relationship to one's own response to dying patient statements. Data produced by this study

supported the premise. The study further examined various defensive strategies to fear of death and their relationships to interactions with terminal patients. The defensive strategies were not found to contribute to the differential changes measured by this study.

Additionally, nurses who worked with chronically sick and dying patients were interviewed by Strank (1972) to determine what effect, if any, working with dying patients had on their attitudes toward dying. Stress was found to be the apparent factor in affecting the nurses' attitudes in caring for dying patients. Strank (1972) also found that the younger the patient, the more nurses became emotionally involved. Stress was found to be more evident in nurses when patients were receiving chemotherapy and radiotherapy. The behavior of the nurse in reference to stress was usually displayed as anger and skepticism. Nurses felt that patients were not allowed to die naturally and with dignity. The nurses who expressed anger and skepticism were usually not in communication with each other for support and ventilation of their feelings.

Yet, one study revealed the opposite of these study findings to be true. Keck and Walther (1977) investigated the duration of nurse encounters with dying and nondying patients. Twenty-two nurses were observed for a two-hour period; the duration of all encounters was measured with a stopwatch. They found that the nurses' verbal acknowledgement of the patients' dying status had no effect on the duration of the encounter. Also, the proportion of time spent in meeting emotional needs was not affected by terminal prognosis as classified by the investigators or the nurses.

Need for Death Education for Nurses

Since nurses have more contact with the dying than any other group of personnel, their responses to death and the dying patient and the patient's

response to the nurses' behavior are quite important in shaping the patients' responses to their limitation (Shusterman, 1973). The nurse's attitude influences patient's perception of the appropriateness of his/her feelings and reactions (Keck & Walther, 1977). Important contributors to the patient's responses to death and dying are inferences about the nurse's verbal and nonverbal behaviors (Kutsher, 1968). Hence, there may be a need for training nurses in appropriate responses to the terminally ill patient.

The need for systematic death education for nurses was recognized more than 30 years ago (Quint, 1965). However, Degner and Dow (1988) reported that few such programs have been described and even fewer have been evaluated in the subsequent two decades. Since that time, there has been considerable interest shown in research studies that identify the needs of dying patients and their families, as well as the needs of health care professionals who care for the dying. Copp (1994) stated that this particular type of research has significantly contributed to an increase in the awareness of health care professionals of the need to look critically at the care of dying patients and their families. Additionally, this awareness has led to demands for death education and, in recent years, advances have been made in identifying a body of palliative care knowledge to teach health care professionals.

Numerous research studies have been undertaken to describe the effects of educational preparation on death and dying and experience in working with the dying patient on nurses' attitudes and personal anxiety towards caring for the dying. The findings have been inconsistent. Examples of studies that support a possible positive correlation were conducted by Golub and Reznikoff (1971), Wagner (1964), and Yeaworth, Knapp, and Winget (1974).

Using a questionnaire entitled, Understanding the Dying Person and His Family, Yeaworth, Knapp and Winget (1974) surveyed 108 freshmen and 69 senior students in a baccalaureate nursing program. The study was designed to ascertain the changes that occurred during the educational programs of the students. Various learning experiences were designed to assist students to be aware of and understand their feelings and beliefs about death and dying. Also, the total program was designed to shape attitudes toward working with dying patients and their families. These researchers found shifts in attitudes about death and dying resulted from nursing education.

Also, Stanford and Deloughery (1973) studied the effects of a course on death designed to teach nurses to care for the terminally ill. One hundred and fifty-six third-year baccalaureate nursing students were administered a nine-item questionnnaire as they began their early clinical experience. The questionnnaire was utilized as a pretest and as a means for fostering a perspective for looking at and thinking about death in relation to their classroom discussions and clinical experiences. The questionnaire was returned to the students after analysis for use in classroom discussions. At the completion of the course, the researchers found that students began to self-initiate conversations with persons they knew were dying or had recently experienced a loss. The students were also more alert to patients' cues of the need to interact. Furthermore, the students allowed such interactions to occur. Additionally, support, interest, understanding, and availability of the instructor to discuss feelings of the individual students were found to be essential to assisting the students in dealing with anxiety regarding future encounters with death.

In another study, Hopping (1977) studied 50 first semester senior nursing students of one baccalaureate program to determine if the clinical course,

"Nursing Care of the Adult Patient with Malignant Neoplastic Disease," would change students' attitudes toward death and dying. The students were divided into two groups: a control group which received the post-test only and the experimental group which was given both the pre-test and the post-test. Hopping's (1977) findings supported those of the previously discussed studies.

The issues related to experience have been further examined. For example, Denton and Wisenbaker (1977) found that experienced nurses had higher death anxiety than nursing students who had little or no experience of seeing an actual death. In an attempt to further understand the effects of experience on nurses' response to dying and death in the hospital setting, Stoller (1980) analyzed 62 responses on a questionnaire completed by licensed practical nurses (LPNs) and registered nurses (RNs). Stoller (1980) found that LPNs had developed coping mechanisms to alleviate the uneasiness associated with unstructured interaction with dying patients. Stoller (1980) believed that this reaction occurred with experience. However, there was no parallel learning experience among RNs. Stoller (1980) suggested that the apparent increase in uneasiness associated with interaction as RNs gained experience can be attributed to;

> "1) a task structure which enables the RN to minimize social contract with the dying and therefore does not motivate her to acquire strategies for handling death-related conversations; 2) an accumulation of negative experiences when avoidance strategies prove ineffective; and 3) early loss experiences associated with effective involvement with a dying patient and/or the family" (p. 38).

In opposition to the previously discussed work are studies that have failed to show that educational preparation has reduced levels of anxiety and improved

attitudes toward death and dying. For example, Chodil and Dulaney (1984) designed a study to determine if participation in a workshop on dying and death would decrease the nurses' death anxiety. Chodil and Dulaney (1984) were unable to demonstrate that participation in a workshop on dying and death decreased the nurse's anxiety. With a sample of only 8 nurses, they concluded that their study sample was much too small to draw a definitive conclusion on the influence of continuing education on death anxiexty.

Also, contrary to the assumptions noted in previously stated works, some evidence suggests that death experience may lead to an increase in death anxiety. For example, Feifel (1967) found that physicians have greater fear of death than medical students who, in turn, had a greater fear of death than a controlled group composed of nonmedical personnel. Additionally, Lester and Kniesel (1974) noted in a study of nurses that increased education was related to a decreased fear of death; however, the investigators recorded exceptions to the findings when the education included a clinical involvement (experience) with death and dying. Consequently, Feifel's (1967) and Lester and Kniesel's (1974) findings suggest that increased experience with death may be related to increased death anxiety.

Physicians' and Medical Students' Concerns and Responses to Dying Patients

Since the nurse practitioner role includes both components of the nursing practice and the medical practice models, several studies involving the physicians' and medical students' attitudes toward terminally ill patients and their families were reviewed. For example, the attitudes of entering classes of nursing and medical students toward the care of dying patients were compared using a self-administered instrument designed for the study measuring aversive and attractive components of these attitudes. Gates, Kaul, Speece, and Brent (1992)

found that both groups exhibited similar aversive attitudes items. Talking about death elicited the most negative scores. General interaction was slightly less negative, and touching was the least negative. Among the attractive items, medical students were more positive on the Professional Challenge subscale; while the nursing students were more positive on the Personal Satisfaction subscale.

In another study, the effects of educational preparation for working with the terminally ill patient and medical students' perception about dying patients were examined. Knight, Knight, Gellula, and Holman (1992) described the results of a required 16 hour hospice clinical rotation developed as part of a medical student family practice clerkship. The effect of the hospice rotation on student beliefs and attitudes towards the care of the dying patients was measured by pre-test and post-test questionnaires using a Likert scale. Sixty-five completed pre-tests and post-tests were analyzed using a paired t-test. It was determined that there were statistically significant changes in responses to 15 of 23 items. The rotation positively affected student attitudes about hospice care, student attitudes about a hospice rotation, and beliefs concerning palliative care. The researchers believed that qualified hospice programs can, and should serve an active role in teaching medical students about the physical and psychosocial aspects of caring for the dying.

The effects of experience were examined in another study. Physicians were surveyed by Dickinson and Tournier (1994) soon after graduation from medical school in 1976 to determine their attitudes toward death and terminally ill patients and their families. A follow-up survey of the 1093 respondents was made in 1986 to ascertain if changes had occured in their attitudes since 1976. Eight of the eleven Likert-type items showed statistically significant differences in

attitudes toward terminally ill patients and their families over time. This study also presented evidence to suggest that physicians in 1986 were more open in telling dying patients their prognosis than in 1976.

Finally, a study by Todd and Still (1993) was reviewed. These researchers interviewed 22 randomly selected general practitioners (GPs) concerning their communication with terminally ill patients. In the interview analysis, a conceptual distinction was drawn between objectives, strategies, and tactics. When treating terminally ill patients, GPs expressed the objectives of keeping the patient comfortable, painfree, happy, and maintaining dignity. Three strategies were described by GPs for use when interacting with terminally ill patients. These were characterized as "try to disclose," "let the patient decide," and "avoid disclosing." Tactics refer to behaviors used within a single consultation, as part of a strategy. Six tactics were described: Evasion, denial, uncertainty, hints and prompts, euphemism, and reassurance.

Nurse Practitioners' Perception and Attitudes Toward the Terminally Ill

The literature was reviewed to explore work done by nurse practitioners for the terminally ill patients. No studies were found that addressed nursing education, attitudes, perceptions, and death anxiety in relation to nurse practitioners. The focus of this available research was in a different area. According to Brown and Grims (1995), "almost from the onset of the emergence of NPs and NMs, researchers began to evaluate the effective of these new providers by comparing outcomes of their care with those of care by physicians" (p. 332). Because of tremendous focus on the clinical skills, education, and certification aspect of the nurse practitioner role, there has been a gap in other areas of research.

Conclusion

Because the death of a patient is one of the most emotionally disruptive events in the health workers' professional and personal lives, they must learn to deal therapeutically with the dying. Because of the nurse's availability, the nurse often is the first person approached by a dying patient and his/her family with a need to talk about this impending situation (Quint, 1965). Hence, Hopping (1977) suggested nursing education on death and dying should to some extent help nursing students overcome their death anxieties. Furthermore, Hurtig and Stewin (1990) suggested that examining one's attitudes towards death is a difficult task that needs to begin in the student years, when attitudes towards working with the dying are formed. Nurse educators still recognized that brief but effective ways of promoting this kind of personal awareness need to be found (Hurtig & Stewin, 1990).

The exact nature of educational contribution to nurses' behavior and attitudes is far from clear (Benoliel, 1983). However, there is a need to take into consideration variations of individual nurses' exposure to death, cultural modes of managing death, and educational practices (Copp, 1994). Finally, the evidence to date on the effectiveness of death education in reducing nurses' anxiety and improving attitudes toward death have not been convincing because of the multiple problems associated with study designs, instruments used, and data analysis (Degner & Gow, 1988).

CHAPTER III

METHODS AND PROCEDURES

The purpose of this study was to determine the nurse practitioners' (NPs) perception of their training, their philosophy of working with terminally ill patients and the strategies that they used in working with the terminally ill patients in health clinics located in central, southwestern, and southern Mississippi. In order to achieve this purpose, the following methods and procedures were implemented:

Design

The design of the study was an exploratory descriptive study. Because there has not been much research related to work done by NPs with terminally ill patients, the exploratory design was the logical approach. This design is "intended to gain insight about a particular group of patients or health conditions. data that are collected may be analyzed to present descriptive and exploratory findings" (Wilson, 1985, p. 399). It also provides an important link between identification and description of phenomena and hypothesis-testing studies (Woods & Catanzaro, 1988).

Setting

The setting for the collection of the data for this study was the offices of each of the nurse practitioners located at the health clinics where they worked as primary providers.

Sample

The sample consisted of 5 nurse practitioners who were in practice in health clinics located in central, southwestern, and southern Mississippi. The sample was classified as a purposive sample. The subjects were selected based on their meeting a set of specified criteria. The criteria for selection

included (a) must be licensed to practice as a provider in the state of Mississippi, (b) must be in practice as a provider at the time of data collection, (c) must have a patient load that included individuals from the different stages across the life span, and (d) must have a specialization in family practice. Known nurse practitioners who met these criteria recommended other nurse practitioners who met the specified criteria.

Protection of Human Subjects

Prior to conducting this study, the researcher obtained permission from the committee for the protection of human subjects at the University of Southern Mississippi (Appendix B). Prior to the interviews, each subject was given a written statement about the purpose of the study, the benefits and risks associated with participation in the study. Participants gave written consent to be interviewed (Appendix C).

Additionally, each participant was informed that his/her identity will be protected and the strictest standards of confidentiality will be observed. This was achieved by having no identifying data associated with the questionnaires. The consent forms were kept in a locked cabinet. The tapes were erased after the compilation and presentation of the research findings and the consent forms were shredded.

Measurement Instruments

A survey of the literature for an instrument was conducted, but there were no appropriate instruments identified. Therefore, it was necessary for the researcher to design an instrument that would be appropriate for gathering data from nurse practitioners who were actively working as primary care providers in a rural health clinic (Appendix A).

The questionnaire elicited basic demographic information about the participants' educational background, work experiences, types of patients seen in their clinics; information about their work with terminally ill patients; information about their academic preparation for working with the terminally ill patient; and information about their philosophy and strategies used in working with the terminally ill patient (Appendix A).

Instrument Validity

A preliminary procedure was conducted to determine the usefulness, appropriateness, clarity of the questions and face validity of the background and interview questions. A panel of one nurse practitioner, one nurse administrator, and one graduate nurse practitioner student was selected to read and evaluate the directions and the questions. There were no problems identified by the panel. The questionnaire was printed, copied, and administered in the same form as presented to the panel.

Procedures

Once the subjects were identified, they were contacted by telephone for an appointment to conduct the interview at their clinic of employment. Prior to the interviews the subjects read a statement about the purpose of the study and the benefits and risks associated with participation in the study. They, then signed the consent forms.

The interviews were tape recorded and verbatim transcriptions of these recorded interviews were done. A summary including the main themes, issues, problems, and questions was developed. This summary was recorded on a specially designed summary form based on the kind of information found. The researcher completed one set of forms and a second researcher was asked to

read the interview and field notes and independently fill out a summary form to identify and remedy systematic bias on selectivity in recording data.

A coding system was developed. An examination of the data word-by-word and line-by-line was done and each segment of the data was defined and coded. Finally, the data were displayed in summary tables for the five participants.

Analysis of Data

A frequency distribution was used to describe the demographical data. Also, a frequency distribution was used to describe the number of subjects responding to the main themes, issues, problems, and questions identified.

Limitations of the Study

The limitations imposed by the investigation included:

1. The study and findings were not generalized beyond the subjects in the study, because they represented only a segment of the nurse practitioners from a small region of the country and the world
2. The variables subjected to data analysis in the study represented only few of the many variables that could influence attitudes toward terminally ill patients.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter was written to report a description of the sample, the analysis of data and a summary of the results of this study which was undertaken to determine the nurse practitioners' perception of their education, their philosophy of working with terminally ill patients, and the strategies that they used in working with the terminally ill patients in health clinics.

Description of the Sample

The sample under investigation consisted of five nurse practitioners who were in practice in health clinics in central, southwestern, and southern Mississippi. The sample consisted of one male (20%) and four females (80%). The mean age of the sample was 44 years with a range of 40 to 49 years. Two were white and three were African-Americans. Three of the nurse practitioners completed the nurse practitioner's program in Mississippi; one completed the nurse practitioner's program in California; and one completed the nurse program in Tennessee. All five of the subjects worked as full-time primary care providers in health clinics in Mississippi. None of the subjects had another nursing or health-related job. Two of the subjects have hospital privileges. All have been registered nurses for an average of 14.6 years and have been nurse practitioners for an average of seven years. Finally, three had previous nursing service experience as aides or practical nurses prior to becoming registered nurses. The nurse practitioners had a variety of clinical experiences prior to the present role (Table 1)

Table One

Nursing Specialty Prior to Family Practitioner Role

Speciality	Frequency	Percentage
Medical-Surgical	2	40
Emergency/Trauma	2	40
Intensive/Critical Care	2	40
OB/GYN	2	40
Pediatric/Nursery	1	20
Orthopedics	2	40
Psychiatry	3	60
Extended Care	2	40
	N = 5	

Note. Participants were employed in more than one area prior to the role.

Research Questions

This study was designed to answer the following questions:

1. How do nurse practitioners perceive their academic preparation for working with terminally ill patients?
2. What is the nurse practitioners' philosophy for working with the terminally ill patient?
3. What strategies do nurse practitioners use in working with the terminally ill patient?

Findings

About Their Patients

Questions 1 to 3 of the interview solicited general information about the type and number of patients seen by the NPs.

The nurse practitioners in this study had a monthly patient load that ranged from 150-400 patients with two of them seeing between 150-250 patients, two of them seeing between 251-300 patients, and one of them seeing between 300 and 400 patients. All of them reported that one percent or less of their patient load can be classified as terminally ill. Three of the nurse practitioners have had Human Immune Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) and cancer patients. One has seen renal failure patients. One nurse practitioner considered cardiopathy and congestive heart failure as a part of his/her group of terminally ill patients.

About Their Philosophies

Question 3 solicited information about their philosophies for working with the terminally ill. When the nurse practitioners were asked about their

philosophies in regard to treating the terminally ill patients, their philosophies collectively included the following areas:

(1) The patient should be informed of their disease condition.

(2) The patient should be counseled on the expected outcomes for their disease condition.

(3) The NP should assist the patient in having a pain-free, peaceful, easy death.

(4) The NP should assist the patient and the family through the grief process.

(5) The NP should assist the patient in preparing for his/her death in terms of taking care of their financial, social, and spiritual businesses.

(6) The NP must offer emotional and spiritual support to the patient and family.

(7) There should be a collaboration between NP, physicians, other providers, and the community in getting the resources needed for the patient.

About Their Goals

The NPs were asked to identify their goals in working with the terminally ill patient in question 4. The NPs reported six goals that they plan to accomplish during their work with the terminally ill:

(1) Provide comfort.

(2) Facilitate communication between the patient, the family, caregivers, and outside resource systems.

(3) Offer support.

(4) Provide care that is appropriate for their disease state.

(5) Assist patients and families through the grief process.

(6) Assist with a peaceful, easy death.

Table 2 reports the number of NPs who included each of these goals as a part of their plan.

About Their Strategies

Question 6 explored the kinds of strategies used by NPs to achieve their goals. The following strategies were used by NPs in order to achieve their goals of treatment of the terminally ill:

(1) Involve the patient and/or family in counseling related to needs identified with an appropriate counselor or therapist.

(2) Facilitate communication between patient, family, and caregiver(s) by being open, honest, and willing to talk with them.

(3) Listen to the patient and the family.

(4) Prescribe appropriate medication, diet, and treatments appropriate for the disease condition.

(5) Consult and collaborate with primary physicians and other caregivers.

Table 2

Goals Used in Working with the Terminally Ill

Goals		Frequency
(1)	Provide education	5
(2)	Provide comfort	5
(3)	Facilitate communication between patient, family, caregivers and outside resource systems	1
(4)	Offer support	2
(5)	Provide care that is appropriate for their disease status	2
(6)	Assist patients and families through the grief process	1
(7)	Assist with a peaceful, easy death	4
(8)	Make appropriate referrals	2

N = 5

(6) Being available for the patient and family.

(7) Discuss with patient and families about their issues of concern. Answer questions.

(8) Refer patients to physicians for treatments and resources that are out of the practice scope for NPs.

About Their Perception of Their Education

Three of the nurse practitioners reported that they felt comfortable in working with the terminally ill. However, one stated that this was not his/her initial feelings and that he/she came "to realize that you are not going to cure everybody." Another NP reported personal feelings of comfort which were related to "having something to offer spiritually" to terminally ill patients. This NP stated that this spirituality was gained through the church and theology courses. Yet, one NP reported not feeling comfortable with working with the terminally ill patient. This NP further reported that his/her educational background prepared him/her "for well patients and sick patients who were expected to get better." Along the same realm of discussion, another NP reported that he/she had not done much work with the terminally ill because of his/her previous work was with people who "came in and got fixed and went home" through the emergency, orthopedics, and medical-surgical units.

About Their Education

Two of the NPs stated that their educational background prepared them for working with the terminally ill patient; whereas, two of the NPs stated that educational background played a limited part in their preparation for work with the terminally ill patient. Those NPs who reported that their educational background prepared them stated that they had courses that dealt with death issues. One reported that he/she attended workshops on death and dying which

helped in building his/her background. Yet, another NP reported his/her work in ambulance and emergency care services and in paramedic services was more important in building his/her background for this work than his/her academic work. Furthermore, one NP reported that his/her "spiritual background particularly with the church" prepared him/her for this type of work.

On the pre-nursing level, four of the NPs reported that they were introduced to Kuber-Ross' stages of dying and other theories of aging and death. These were covered in their basic psychology, sociology, and/or theology courses. In their basic nursing courses, death and dying issues were integrated in their medical-surgical courses. However, one NP had a basic nursing course that was designed specifically to address issues related to death and dying.

On the graduate level, one NP reported having a course on chronic illness that examined how chronic illnesses impact the patient and family along with death and dying issues. One NP reported that death and dying issues were addressed in the adult nursing course. Finally, one NP reported that he/she did not remember having death and dying issues addressed in any of the courses; whereas, another NP reported not remembering these issues being addressed at the baccalaureate level but were addressed at the graduate level.

Summary

This study was designed to determine the nurse practitioners' perception of their education, their philosophies of working with terminally ill patients and the strategies that they used in working with the terminally ill patients in health clinics located in central, southwestern, and southern Mississippi. An exploratory descriptive design was used to achieved this purpose. Nurse practitioners who were in practice in health clinics were the subjects. Each completed an interview session with the researcher. Quantitative and qualitative data were collected

and analyzed.

The results were as follows:

Research Question Number One. How do Nurse Practitioners perceive their academic preparation for working with terminally ill patients?

Three of the five subjects reported that their academic preparation did prepare them for work with the terminally ill patient. The remaining two subjects reported that their academics prepared them for well patients and for sick patients who were expected to get better. The concepts related to the terminally ill patients were integrated in their pre-nursing, basic nursing, and graduate nursing courses. Only one NP reported a specially designed course that addressed the concepts of death and dying.

Research Question Number Two: What is the nurse practitioners' philosophy for working with the terminally ill patient?

The NPs were able to articulate a philosophy for working with the terminally ill. When the nurse practitioners were asked about their philosophies in regard to treating the terminally ill patient, they collectively expressed a total of seven areas of focus. Upon a close examination of these areas of focus, it appeared that these areas of focus correlated with the nurse practitioner's roles. The literature identifies at least seven roles of the nurse practitioner (Millonig, 1994). These include (1) provider/clinician, (2) educator, (3) advocate, (4) collaborator (5) consultant, (6) change agent, and (7) researcher. By definition of these roles four of them were clearly expressed in their philosophies. These were: (1) provider/clinician role, (2) educator role, (3) collaborator role, and the advocate. The charge agent role may be inferred. The researcher role and the consultant role were not clearly expressed.

Research Question Number Three: What strategies do nurse practitioners use in working with the terminally ill patient?

The NPs used a variety of strategies to meet the needs of the terminally ill patients. They used strategies that facilitate education, support, and spiritual developments. These include one-on-one and group counseling, collaboration with other caregivers, referrals to physicians and other providers, listening, talking, simply being available, and prescribing appropriate treatments.

CHAPTER V

Discussion, Conclusions, and Recommendations

Discussion

The discussion will present an explanation of the findings, relationship of the findings to the theoretical framework, and relationship of the findings to the review of the literature.

Explanation of the Findings

Even though nearly half of the nurse practitioners reported that they felt comfortable working with the terminally ill patient, less than 1% of their patient load consisted of terminally ill patients. Several of the NPs reported referring their terminally ill patient to other primary care providers. This may suggest that the scope of practice of NPs may be limited to the kinds of care the patient may need.

When examining the courses the NPs reported as the ones that they thought prepared them for work with the terminally ill patient, it was easy to see that these courses were limited in scope and depth as they relate to the preparation of NPs for work with the terminally ill patients. The NPs reported that they did not do any rotations with terminally ill patients in the undergraduate and graduate levels. Hence, they were also limited in clinical preparation.

Relationship of the Findings to the Theoretical Framework

The theoretical framework for this study was based on Orem's Self-Care Model. Orem (1991) wrote that education and experience in nursing practice help to define what a nurse is able to do and what he or she is expected to do. It may be inferred from the findings of this study that nurses who perceived that their academic background prepared them for working with the terminally ill were the NPs who were comfortable in working with these patients. Hence, the level

of education and experience appeared to define NP's capabilities. Additionally, Orem (1991) stated that a nurse's abilities and limitations for designing, providing, and managing nursing care at any time arrive from initial education, experience, continuing education and developed nursing skills. The findings clearly support this statement. Two of the five subjects reported that their pre-nursing, basic nursing, and graduate courses did not adequately prepare them with the knowledge and skills needed for this work. As a result, they were not comfortable with this type of work. Consequently, the findings from this support the components of Orem's (1991) theory for the development of nursing practice.

Relationship of Findings to Review of Literature

The evidence on the effectiveness of death education in reducing nurses' anxiety and improving attitudes toward death has not been convincing. Because no study exactly paralleled the researcher's theme for the nurse practitioners, there were no research data available for comparative analysis. Hence, the dearth of literature directly related to the topic explored in this study indicates the need for additional research.

Limitations of the Study

There were several problems that the researcher faced during the implementation of the study. These problems may well be defined as possible limitations of the study that may have effected the results substantially. These limitations are presented as follows:

1. The interviews were conducted during office hours. All of the interviews were interrupted by telephone calls and office staff members needing assistance. One NP eventually requested all calls be held until the end of

the interview. The NPs could well have been pressured to hurriedly finish the interview to return to their responsibilities.

2. The NPs had limited time to think through the questions. One NP stated that she could have been able to give more detail and accurate information if she had more time to think through the questions.

3. A purposive sampling approach was used. With this procedure, it is impossible to assess the representativeness of the individuals who participate.

4. There were only five NPs interviewed. The findings cannot be generalized to the entire NP population.

Recommendations

The following recommendations arising from the present research include

1. The interview should be conducted during a time when the NPs are not seeing patients and are not being pressured to complete the interview sessions.

2. The investigation needs to be conducted with a larger sample.

3. The investigation needs to be repeated with similar groups of NPs who have larger case loads of dying patients.

4. Develop studies to obtain nursing outcomes for the work done by nurse practitioners with dying patients.

Conclusions

From the results of this investigation, the following conclusions seem justifiable for this sample:

1. Nurse practitioners are comfortable in working with the terminally ill patients.
2. Nurse practitioners are able to articulate a philosophy regarding the treatment of the terminally ill patient. Their philosophies incorporate the (1) provider/clinician, (2) educator, (3) advocator, and (4) collaborator. The change agent role was inferred.
3. Nurse practitioners are able to articulate a variety of strategies used in working with the terminally ill. The strategies are aimed at facilitating communication, the grief process, and spiritual development.
4. There is a need to address concepts and issues related to the terminally ill patients in the education of nurse practioners.

Implications of the Study

The rapid increase in the number of AIDS patients is becoming an important component of health care in this country. This will impact how patients are managed. Nurse practitioners will be seeing a large number of these patients in the future. Hence, they must be prepared for this work. Consequently, the findings from this study have significant implications for nursing education. Since nearly half of this sample reported that their education did not prepare them for this work and approximately half of them felt uncomfortable with this type of work

academic programs designed to educate NPs need to be examined to determine whether they have the scope, breath, and depth needed for addressing the essential concepts for working with this client group. Additionally, ongoing research is needed to determine the needs of these patient and the NPs who work with them. Programs are needed to assist these NPs in meeting their needs and in developing interventions for helping NPs to meet their patient's needs.

Appendix A

Questionnaire and Interview Questions

Demographical Data

Directions: In order to completely analyze the data obtained from this survey, it is essential to know some background information about each participant. Please, answer each of the following questions by marking an "x" by the correct answer and/or entering the answer was indicated by the question.

---

1. What is your age? _____
2. What is your sex?
   ( ) Female ( ) Male
3. What is your racial/ethnic group?
   ( ) Caucasian/White
   ( ) African-American
   ( ) Asian
   ( ) Hispanic
   ( ) Other _____
   specify
4. Prior to becoming a NP, what was/were your specialty area(s)?
   ( ) Medical/Surgical ( ) Orthopedics
   ( ) Emergency/Trauma ( ) Psychiatry
   ( ) ICU/CCU/PCU/NICU/ACU ( ) Extended Care
   ( ) OB/GYN ( ) Other _____
   specify
   ( ) Pediatrics/Nursery

5. Which of the following areas in nursing service did you work?

   (Indicate the number of months/years spent in each position.)

   ( ) CNA/NA/Orderly _____

   ( ) LPN/LVN _____

   ( ) RN _____

   ( ) Head Nurse _____

   ( ) DON/ADON _____

6. How many months/years have you been a NP? _____

7. What is your specialty area(s) as a NP?

   ( ) Adult ( ) Other _____ specify

   ( ) Family

   ( ) Pediatrics

   ( ) School

   ( ) Geriatrics

8. Do you work full-time as an NP?

   ( ) yes ( ) no

9. Do you have another nursing or health related job?

   ( ) yes _____ specify ( ) no

10. Do you have hospital privileges?

    ( ) yes ( ) no

INTERVIEW QUESTIONS

Directions: This interview session should take 15-20 minutes to complete. There are no right or wrong answers to these questions. The focus of these questions will be on determining if and what kinds of work NPs are doing with terminally ill patients. No identifying data will be associated with your responses.

I will read the questions so that there will be a standard way of presenting the questions to each of the participants. I will be limited to a few prompts for ensuring understanding and obtaining adequate information.

Do you have any questions?

Let's begin.

---

1 What is your approximate normal load per month?

2 What percentage of these patients have been diagnosed with a terminal illness (defined as an illness or condition in which control of symptoms is the focus of care and in which treatments directed toward the cure of disease no longer are appropriate)?

3 What are some of these terminal diagnoses that you see?

4 What is your philosophy of nursing in regard to treating the terminally ill?

5. What is/are your goal(s) of treatment of the terminally ill?

6. What strategies do you use to achieve these goals?

7. How comfortable do you feel in working with the terminally ill?

8. Do you feel that your educational background prepared you for this type of work with the terminally ill? Explain your response.

9. At what level of your education did you receive this training?

Pre-nursing (What was/were the course(s)?

Basic nursing (What was/were the course(s)?

Graduate nursing courses other than NP courses (What were these courses?)

10. How was the content presented?

( ) As separated courses/ How many courses did you take? _____

( ) Integrated into the courses/ How many such courses did you take? _____

Appendix B

Human Subjects Protection Committee Consent

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
RESEARCH AND SPONSORED PROGRAMS

TO: Hazel Lee White
P.O. Box 8993, USM
Hattiesburg, MS 39406-8993

FROM: Sarah Hutto, HSPRC Administrator, Box 5157, Hattiesburg, MS 39406

RE: PROTOCOL NUMBER: 95121201
PROJECT TITLE: Nurse Practitioners' Perceptions of their Academic Preparation, Philosophy, and Strategies in Working with the Terminally Ill Patient

Enclosed is the University of Southern Mississippi Human Subjects Protection Review Committee Notice of Committee Action taken on the above referenced project proposal. If we can be of further assistance, contact our office at (601) 266-4119 or FAX (601) 266-4312. Good luck with your research.

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

RESEARCH AND SPONSORED PROGRAMS

HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE
NOTICE OF COMMITTEE ACTION

The project listed has been reviewed by the University of Southern Mississippi Human Subjects Protection Review Committee, in accordance with Federal Drug Administration regulations (21 CFE 26.111) and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **95121201**
PROJECT TITLE: **Nurse Practitioners' Perceptions of their Academic Preparation, Philosophy and Strategies in Working with the Terminally Ill Patient**
PROPOSED PROJECT DATES: **12/15/95** to **2/28/96**
PROJECT TYPE: **Dissertation or Thesis**
PRINCIPAL INVESTIGATOR(S): **Hazel Lee White**
SCHOOL: **Health and Human Sciences**
DEPARTMENT: **Nursing**
FUNDING AGENCY OR SPONSOR: **None**
HSPRC COMMITTEE ACTION: **Category I - Exempt - Approved**
PERIOD OF APPROVAL: **12/12/95** to **12/11/96**

Cecil D. Burge, Chairman, HSPRC
University of Southern Mississippi

12-15-95
Date

Box 5157 • Hattiesburg, Mississippi • 39406-5157 • (601) 266-4119 • FAX (601) 266-4312

Appendix C

Participant Consent Form

UNIVERSITY OF SOUTHERN MISSISSIPPI

CONSENT TO ACT AS HUMAN SUBJECT

Subject's Name: _____

Date: _____

Project Title: Nurse Practitioners' Perceptions of their Preparation, Philosophy and Strategies in Working with the Terminally Ill Patient

I hereby consent to be a participant in the project named above that was designed to answer the following research questions: 1) How do nurse practitioners perceive their academic preparation for working with terminally ill patients? 2) What is the nurse practitioners' philosophy for working with the terminally ill patient? 3) What strategies do nurse practitioners used in working with the terminally ill patient?

I understand that the results of this research project will contribute to the knowledge so greatly needed that will assist in identiifying the needs of nurse practioners in helping them to meet the needs of and to administer the most effective care to individuals who are dying. Also, the results of this research project may assist nursing educators for nurse practitioner programs in curriculum development. My responses to the interview questions will be vital to such research.

I understand that there will be no signigicant harm to me by participating is this research project. However, I realized that I will be asked to address a topic that some people may feel some sadness. It is expected that these feelings will disapear when the questioning is over.

I understand that I am free to withdraw my consent to participate in this project at any time without penalty or prejudice.

I understand that I will not be identified by name as a participant in this project.

I was given the opportunity to ask questions regarding the research project.

I have been assured that the explanation I have received regarding this project and this consent form have been approved by the Human Subjects Protection Review Committee which ensures that research projects involving human subjects follow federal regulations. If I have any questions about this, I have been told to call the Director of Research and Sponsored Programs at (601) 266-4119.

I understand that any new information that develops during the project will be provided to me if that information might affect my willingness to continue participation in the project. In addition, I haved been informed of the compensation treatment of the absence of compensation/treatment should I be injured in this project. Hence, I understand that there is no compensation/treatment for injury incurred during this research project.

_____

Subject's Signature

_____

Witness of Signature

References

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